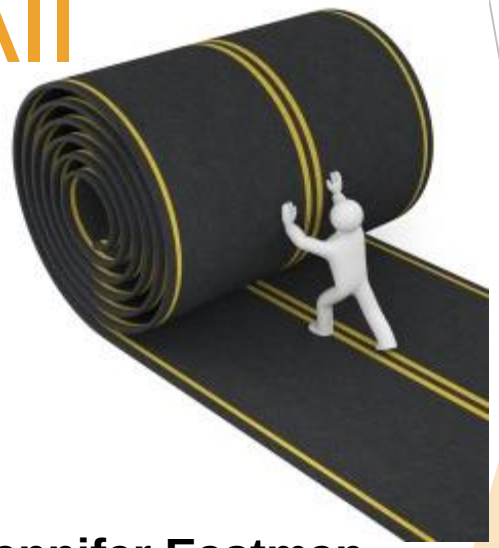
Paving the Way for Evidence-Based Programs for All Communities:

A Focus on Disabilities



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Why is Disability Inclusion in Public Health Programming Important?

In 2014, **19.3%** of Marylanders reported having a disability.*

Disability accounts for the largest minority group in the world (15% of world's population; 1 billion people)

Because of advances in medicine and research, people with (and without!) disabilities and people with chronic diseases are living longer

*Need to address the issues of aging **with** disability and aging **into** disability*

*BRFSS (2014): www.cdc.gov/brfss

How Disability is Defined in Public Health

Behavioral Risk Factor Surveillance System (BRFSS)

Disability Type	BRFSS Question	Maryland
Cognitive	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	8.6%
Mobility	Do you have serious difficulty walking or climbing stairs?	10.9%
Vision	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	3.5%
Self-Care	Do you have difficulty dressing or bathing?	2.4%
Independent Living	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	5.1%

Health Disparities Among People with Disabilities in MD

General Health/Chronic Condition	With disability	Without disability
Fallen in the past 12 months (45+ years)	43.5%	19.1%
Have heart disease	9.3%	3.2%
Ever had high blood pressure	43.1%	27.7%
Ever had high cholesterol	44.8%	31.8%
Ever had arthritis	44.5%	18.7%
Have diabetes	16.7%	7.2%

Health Risks	With disability	Without disability
Obese based on BMI	40.4%	26.5%
Sufficient aerobic physical activity	35.6%	52.1%
Currently smoke cigarettes	27.2%	12.1%

What Accounts for These Disparities?

We cannot ignore the social determinants of health!

Demographics	With any disability in MD	Without disability in MD
Have health coverage	84.6%	91.3%
Annual household income level <$25,000	42.6%	18.2%
Education level <high school	20.7%	10.0%
Out of work/unable to work	26.9%	7.0%

What Accounts for These Disparities? FINANCIAL REASONS

People with disabilities have higher out of pocket expenses as it relates to:

- Medications
- Adaptive equipment/durable medical equipment
- Medical treatments and therapies
- Personal attendant services
- Specialized transportation needs to get to appointments

$12,529: In 2006, the estimated mean for disability-associated health care expenditures per non-institutionalized adults with a disability in MD ($11,637 U.S. average)*

*Estimates of State-Level Health-Care Expenditures Associated with Disability. Public Health Report 2010 Jan-Feb.; 125(1):44-51.

What Accounts for These Disparities? ACCESSIBILITY REASONS

- Transportation Limitations
  - Fixed route
  - Paratransit
- Physically Accessible Locations and Equipment
  - Parking, ramps, and widened doorways
  - Examination tables, chairs, and weight scales
- Out-of-Network Specialists
  - Health insurance coverage limitations

What Accounts for These Disparities? ATTITUDINAL REASONS

LACK OF TRAINING → HEALTH CARE BIAS & MISUNDERSTANDING

This most commonly stems from assumptions that:

- People with disabilities are unable to care for themselves or have an active role in health-care related decisions because of physical or cognitive limitations
- Having a disability severely compromises a person's quality of life
  - One cannot live well with a disability
- People with disabilities are asexual

Clinicians may fail to consider the knowledge and experience of someone with a disability, thus perpetuating stereotypes and stigmas.

What Accounts for These Disparities? ISSUES OF HEALTH LITERACY

- Errors in or noncompliance with medication administration
- Noncompliance with health care recommendations and courses of treatment
- Information isn’t presented in an understandable or an accessible way
- Health care professionals don’t ensure the person with a disability understands the information presented to him/her

“That's not quite the stool sample we had in mind, Mr. O'Donnell. ”

So now that we know the barriers that people with disabilities face which often lead to poorer health outcomes, what can we as public health professionals do to be agents of change?

Strategies for Inclusion ACCESSIBILITY-PHYSICAL

Evaluate your location

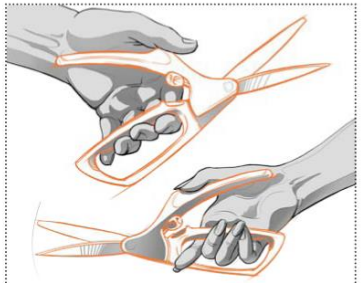
- If possible, hold programs/meetings adjacent to public transportation routes
- Ensure sites are ADA-compliant or meet universal design standards
  - Checklist for Readily Achievement Barrier Removal: https://www.ada.gov/racheck.pdf
  - Community Health Inclusion Index: http://www.nchpad.org/1273/6393/Community~Health~Inclusion~Index
  - 7 Principles of Universal Design

7 Principles of Universal Design

The Principles of
Universal Design

Equitable Use
The design is useful and marketable to people with diverse abilities.

1a. Provide the same means of use for all users: identical whenever possible; equivalent when not.
1b. Avoid segregating or stigmatizing any users.
1c. Provisions for privacy, security, and safety should be equally available to all users.
1d. Make the design appealing to all users.



Flexibility in Use
The design accommodates a wide range of individual preferences and abilities.

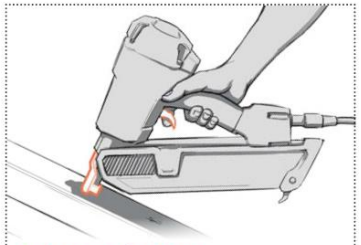
2a. Provide choice in methods of use.
2b. Accommodate right- or left-handed access and use.
2c. Facilitate the user's accuracy and precision.
2d. Provide adaptability to the user's pace.

Simple and Intuitive Use
Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or education level.

3a. Eliminate unnecessary complexity.
3b. Be consistent with user expectations and intuition.
3c. Accommodate a wide range of literacy and language skills.
3d. Arrange information consistent with its importance.
3e. Provide effective prompting and feedback during and after task completion.

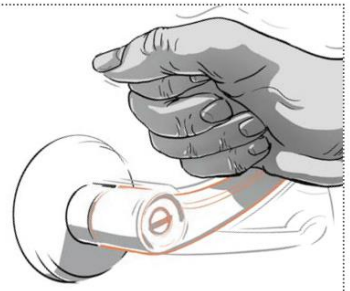
Perceptible Information
The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.

4a. Use different modes (pictorial, verbal, tactile) for redundant presentation of essential information.
4b. Provide adequate contrast between essential information and its surroundings.
4c. Maximize "legibility" of essential information.
4d. Differentiate elements in ways that can be described (i.e., make it easy to give instructions or directions).
4e. Provide compatibility with a variety of techniques or devices used by people with sensory limitations.



Tolerance for Error
The design minimizes hazards and the adverse consequences of accidental or unintended actions.

5a. Arrange elements to minimize hazards and errors: most used elements, most accessible; hazardous elements eliminated, isolated, or shielded.
5b. Provide warnings of hazards and errors.
5c. Provide fail safe features.
5d. Discourage unconscious action in tasks that require vigilance.



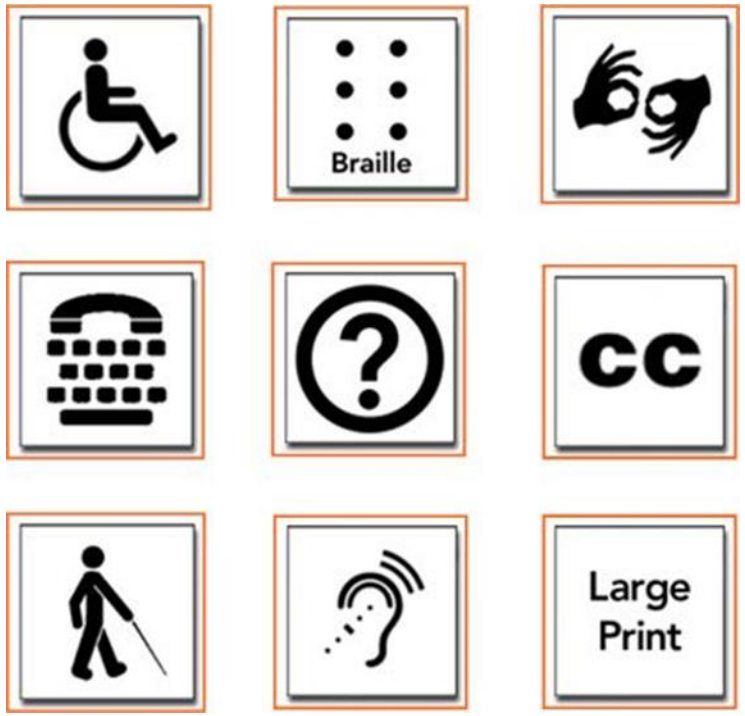
Low Physical Effort
The design can be used efficiently and comfortably and with a minimum of fatigue.

6a. Allow user to maintain a neutral body position.
6b. Use reasonable operating forces.
6c. Minimize repetitive actions.
6d. Minimize sustained physical effort.

Size and Space for Approach and Use
Appropriate size and space is provided for approach, reach, manipulation, and use regardless of user's body size, posture, or mobility.

7a. Provide a clear line of sight to important elements for any seated or standing user.
7b. Make reach to all components comfortable for any seated or standing user.
7c. Accommodate variations in hand and grip size.
7d. Provide adequate space for the use of assistive devices or personal assistance.

Strategies for Inclusion
ACCESSIBILITY-PROGRAMMATIC



- Communication
  - Are your print materials available in alternative formats and are easy to understand (i.e. large print, Braille, email, simplified language with use of pictures)?
  - Is your website accessible?
- Accommodations
  - Do you have a procedure in place which allows people to request accommodations such as CART, ASL interpreters, assistive technology or adaptive equipment, MD Relay?
  - Do you allow and encourage caregivers or personal care attendants to attend program meetings alongside participants with disabilities?

Strategies for Inclusion
EDUCATION

- Identify internally a health and disability champion
- Raise awareness and enhance staff competency in disabilities
  - Disability etiquette, person-first language, common accommodations, ADA compliance
- Empower people with disabilities to become coaches
  - Benefits to peer approach

Health literacy is not limited to an individual's knowledge, but expands to include the skills, knowledge, and attitudes of health care professionals and the health care system.

Strategies for Inclusion OUTREACH

- Engage community partners & foster partnerships
  - For referrals
  - For support/training/technical assistance
- Partnership Opportunities
  - Centers for Independent Living: www.msilc.org/map.html
  - Local Arcs: www.thearcmd.org
  - Easter Seals: http://www.easterseals.com/DCMDVA/
  - Special Olympics Maryland: www.somd.org
  - DDA-licensed providers: http://dda.dhmh.maryland.gov/Pages/providers.aspx

Opportunities for Maryland CDC Grant

- 5-year initiative to expand capacity of state-based public health programming to be more accessible to and inclusive of people with intellectual disabilities and mobility impairments
- GOAL: Improve health outcomes of people with disabilities
- Hire Disability Inclusion and Access Coordinator within DHMH CCDPC
- Convene a statewide advisory committee to focus on key areas:
  - Staff training
  - Communication and outreach
  - Accessibility and accommodations
  - Data collection
  - Inclusion in evidence-based health promotion programs

Opportunities for MD HealthMatters™ Program MARYLAND

- 12-week evidence-based health promotion program for people with intellectual and developmental disabilities
- Developed by a team of University of IL at Chicago researchers
- Maryland is 5th state to be chosen as a program scale-up state
- GOAL: Recruit 10 community-based organizations to implement program

Resources

- Mid-Atlantic ADA- Regional technical assistance and resource center for all things related to ADA (www.adainfo.org)
- MD Technology Assistance Program- Federally-funded assistive technology loan and demonstration program within MDOD (www.mdtap.org)
- Public Health Is for Everyone Toolkit: http://www.phetoolkit.org/
- Harris Family Center for Disability and Health Policy- Focused on improving access to health care for people with disabilities and enhancing health professions education for disabled people, this website has terrific training resources (www.hfcdhp.org/)
- Including People with Disabilities: Public Health Workforce Competencies (www.disabilityinpublichealth.org)
- Inclusive Community Health Implementation Package (iCHIP)- Compiled by the National Center on Health, Physical Activity, and Disability, provides specific guidance, information, and resources related to community health leadership, communication, policy, programming, planning, assessment, and training (www.nchpad.org/iChip)
- National Association of County and City Health Officials Disability and Health Program (NACCHO)- program provides local health departments with the tools and resources needed to successfully include people with disabilities in all local health department activities (http://naccho.org/programs/community-health/disability)

Thank you!

Questions

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MARYLAND
Department of Disabilities